Audit Report

YEAR 2000 OPERATIONAL CONTINGENCY PLANNING
FOR HEALTH CARE IN THE EUROPEAN THEATER

Report No. D-2000-042 November 26, 1999

Office of the Inspector General
Department of Defense

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Acronyms

ASD(HA)	Assistant Secretary of Defense (Health Affairs)
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MTF	Military Treatment Facility
TPMRC	Theater Patient Movement Requirements Center
USAMMCE	U.S. Army Medical Materiel Center, Europe
USEUCOM	U.S. European Command
Y2K	Year 2000

INSPECTOR GENERAL
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November 26, 1999

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
COMMANDER IN CHIEF, U.S. EUROPEAN COMMAND
ASSISTANT SECRETARY OF THE AIR FORCE (FINANCIAL MANAGEMENT AND COMPTROLLER)
AUDITOR GENERAL, DEPARTMENT OF THE ARMY
NAVAL INSPECTOR GENERAL

SUBJECT: Audit Report on Year 2000 Operational Contingency Planning for Health Care in the European Theater (Report No. D-2000-042)

We are providing this report for information and use. We considered management comments on a draft of this report when preparing the final report.

Comments on a draft of this report conformed to the requirements of DoD Directive 7650.3 and left no unresolved issues. Therefore, no additional comments are required.

We appreciate the courtesies extended to the audit staff. Questions on the audit should be directed to Ms. Evelyn R. Klemstine at (703) 604-9172 (DSN 664-9172) (eklemstine@dodig.osd.mil) or Ms. Catherine M. Schneiter at (703) 604-9614 (DSN 664-9614) (cschneiter@dodig.osd.mil). See Appendix D for the report distribution. The audit team members are listed inside the back cover.

Robert J. Lieberman
Assistant Inspector General
for Auditing

Office of the Inspector General, DoD

Report No. D-2000-042
(Project No. 8LG-5039.03)

November 26, 1999

Year 2000 Operational Contingency Planning for Health Care in the European Theater

Executive Summary

Introduction. This is one in a series of reports being issued by the Inspector General, DoD, in accordance with an informal partnership with the Chief Information Officer, DoD, to monitor DoD efforts to address the year 2000 computing challenge. For a listing of audit projects addressing the issue, see the year 2000 web pages on the IGnet at http://www.ignet.gov/.

The Executive Steering Committee, TRICARE Europe, is the policy-making organization in Europe responsible for tri-Service peacetime U.S. military health care matters. The Executive Steering Committee functions as the working body for policy assessment, staffing, and progress of TRICARE Europe initiatives. The Executive Steering Committee relies heavily on the TRICARE Europe Office to ensure a tri-Service approach to the delivery of health care in the TRICARE Europe area of responsibility. The TRICARE Europe Office assists with the organization, development, and execution of a health care plan and conducts ongoing evaluations of resource utilization, clinical services, and access to health care throughout its area of responsibility. The Executive Steering Committee, through the TRICARE Europe Office, coordinates with the Command Surgeons from the U.S. Central Command, the U.S. Joint Forces Command, and the Air Combat Command to ensure that health care is provided to military communities in the TRICARE Europe area of responsibility. The TRICARE Europe area of responsibility is larger than that of the U.S. European Command; it also encompasses the U.S. Central Command area of responsibility as well as the Azores and Iceland, which are a part of the U.S. Joint Forces Command. Even though they are members of the Executive Steering Committee, TRICARE Europe, each member retains his Service-designated chain of command. Authority to make decisions regarding funding, facility maintenance, and personnel actions are retained by the parent Service.

Objectives. The overall audit objective was to evaluate whether year 2000 risks had been adequately planned for and managed to avoid undue disruption to the U.S. European Command mission. The specific audit objectives were to determine whether health care organizations in the European theater had viable and tested operational contingency plans to reduce the potential impact of year 2000 disruptions and to assess U.S. European Command and subordinate command procedures for resolving medically related host nation support issues. Inspector General, DoD, Report No. 99-145, "Year 2000 Issues Within U.S. European Command and Its Service Components," April 30, 1999, addressed the overall audit objective. Other reports on the U.S. European Command in this series addressed year 2000 readiness reporting and the U.S. European Command operational evaluation.

Results. In coordination with the Executive Steering Committee, TRICARE Europe, health care organizations in the European theater were actively involved in preparing for the year 2000. When initially audited in August and September 1999, the health care organizations were in the process of preparing or revising operational contingency plans, completing assessments of the year 2000 compliance status of host nation health care, and identifying additional aeromedical evacuation requirements. Since the time of the draft report, the health care organizations have continued to revise operational contingency plans to include the most up-to-date information available, have substantially completed their assessments of host nation health care, and have identified aeromedical evacuation requirements. In addition, the health care organizations were in the process of testing operational contingency plans and training personnel to ensure that they were aware of their responsibilities under the operational contingency plans. Once all ongoing actions are completed, the Executive Steering Committee, TRICARE Europe, will have assurance that the health care organizations in the European theater should be able to provide adequate health care in the year 2000. See the Finding section for details.

Summary of Recommendations. We recommend that the Chairman, Executive Steering Committee, TRICARE Europe, assess whether health care organizations' operational contingency plans have been adequately tested and determine whether completed and scheduled training is sufficient to ensure that personnel are adequately trained to implement the operational contingency plans. We recommend that the Commander, U.S. Army Europe Regional Medical Command, ensure that the U.S. Army Health Clinic Vicenza completes its operational contingency plan and identifies and conducts training needed to implement its operational contingency plan. We recommend that the Fleet Medical Officer, U.S. Naval Forces Europe, ensure that the U.S. Naval Hospital Naples revises its operational contingency plan, identifying and prioritizing threats and risks of potential year 2000 disruptions to its ability to provide health care, and identifies and conducts training needed to implement its operational contingency plans. We recommend that the Command Surgeon, U.S. Air Forces in Europe, ensure that the Theater Patient Movement Requirements Center continues to review and update its operational contingency plan as requirements dictate and that the 31st Medical Group and the 48th Medical Group complete their monthly readiness training scheduled for the remainder of 1999. We recommend that the Commander, U.S. Army Medical Materiel Center, Europe, ensure that equipment needed to implement the center's operational contingency plans is acquired and pre-positioned prior to January 1, 2000.

Management Comments. The Executive Steering Committee, TRICARE Europe, concurred, stating that each of the Service Component members will be required to report on the testing of and training on their operational contingency plans at the December 1999 meeting of the Executive Steering Committee. The U.S. Army Europe Regional Medical Command concurred, stating that the Army Health Clinic Vicenza customized the Landstuhl Regional Medical Center operational contingency plan for local operations and conditions and that it planned to conduct testing and training during November 1999. The U.S. Naval Forces Europe concurred, stating that it had revised its operational contingency plans and training will begin with a tabletop exercise in November 1999. The U.S. Air Forces in Europe concurred. The U.S. Army Medical Materiel Center, Europe, concurred, stating that the equipment needed to implement its operational contingency plan had been acquired, delivered, and tested. A discussion of management comments is in the Finding section of the report and the complete text is in the Management Comments section.

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Background

Contingency Plan. A year 2000 (Y2K) contingency plan provides a road map of predetermined actions that will streamline decisionmaking during a contingency to enable resumption of mission operations at the earliest possible time, in the most cost-effective manner. A good plan will reduce the number and magnitude of decisions that must be made during the period immediately following a major disruption, when exposure to error is at a peak. Y2K contingency planning in a military treatment facility (MTF)[1] is the development of a plan that enables an MTF to respond to the loss or degradation of essential services due to a Y2K problem. The "DoD Year 2000 Management Plan, Version 2.1" (DoD Management Plan), September 1999, defines contingency planning as follows:

> . . . the managerial approach to developing workarounds, finding alternative means to satisfy essential requirements, putting in place manual processes that bridge the capability gap threatened by an outage, and otherwise preparing an organization to continue to conduct business in spite of potentially dramatic and sustained outages of key technical systems.

The DoD Management Plan states that Y2K contingency plans labeled as continuity of operations plans are generally operational contingency plans and do not have to change their name. For purposes of this report, the term operational contingency plan includes a contingency plan and a continuity of operations plan.

Assistant Secretary of Defense (Health Affairs). The Assistant Secretary of Defense (Health Affairs) (ASD[HA]) and the Military Department Surgeons General are responsible for Y2K efforts in the health care area, which primarily encompass automated information systems, biomedical devices, and facility devices. The ASD(HA) is responsible for providing peacetime health care guidance to MTFs and unified commands through the Military Departments and the Joint Staff. The ASD(HA) is responsible for providing oversight of Y2K preparations, including operational contingency plans. The ASD(HA) reports quarterly on the Y2K status of health care to the Assistant Secretary of Defense (Command, Control, Communications, and Intelligence) and the Office of Management and Budget. Each Military Department is responsible for preparing operational contingency plans that address potential Y2K problems in the health care area.

TRICARE Europe. TRICARE is a comprehensive, tri-Service health care system developed by the Military Departments under the direction of the ASD(HA). The Executive Steering Committee, TRICARE Europe, is the policy-making organization in Europe responsible for tri-Service peacetime U.S. military health care matters. The Executive Steering Committee functions as the working body for policy assessment, staffing, and progress of TRICARE Europe initiatives. Members of the Executive Steering Committee include the U.S. European Command (USEUCOM) Command Surgeon; the Commander, U.S. Army Europe Regional Medical Command; the Fleet Medical Officer,

[1] A facility established for the purpose of providing medical or dental care to eligible individuals.

U.S. Naval Forces Europe; the U.S. Air Forces in Europe Command Surgeon; and the Executive Director, TRICARE Europe Office. Even though they are members of the Executive Steering Committee, TRICARE Europe, each member retains his Service-designated chain of command. Authority to make decisions regarding funding, facility maintenance, and personnel actions are retained by the parent Service.

The Executive Steering Committee relies heavily on the TRICARE Europe Office to ensure a tri-Service approach to the delivery of health care in the TRICARE Europe area of responsibility. The TRICARE Europe Office assists with the organization, development, and execution of a health care plan and conducts ongoing evaluations of resource utilization, clinical services, and access to health care throughout its area of responsibility. The Executive Steering Committee, through the TRICARE Europe Office, coordinates with the Command Surgeons from the U.S. Central Command, the U.S. Joint Forces Command, and the Air Combat Command to ensure that health care is provided to military communities in the TRICARE Europe area of responsibility. The TRICARE Europe area of responsibility is larger than that of USEUCOM;[2] it also encompasses the U.S. Central Command area of responsibility as well as the Azores and Iceland, which are a part of the U.S. Joint Forces Command.

Objectives

The overall audit objective was to evaluate whether Y2K risks had been adequately planned for and managed to avoid undue disruption to the USEUCOM mission. The specific audit objectives were to determine whether health care organizations in the European theater had viable and tested operational contingency plans to reduce the potential impact of Y2K disruptions and to assess USEUCOM and subordinate command procedures for resolving medically related host nation support issues. Inspector General, DoD, Report No. 99-145, "Year 2000 Issues Within U.S. European Command and Its Service Components," April 30, 1999, addressed the overall audit objective. Other reports on USEUCOM in this series addressed Y2K readiness reporting and the USEUCOM operational evaluation. See Appendix A for a discussion of the audit scope and methodology and Appendix B for a summary of prior coverage.

[2]The USEUCOM area of responsibility consists of 89 countries in Europe and Africa.

Status of Health Care Operational Contingency Plans in the European Theater

In coordination with the Executive Steering Committee, TRICARE Europe, health care organizations in the European theater were actively involved in preparing for the year 2000. When initially audited in August and September 1999, the health care organizations were in the process of preparing or revising operational contingency plans, completing assessments of the Y2K compliance status of host nation health care, and identifying additional aeromedical evacuation requirements. Since the time of the draft report, the health care organizations have continued to revise operational contingency plans to include the most up-to-date information available, have substantially completed their assessments of host nation health care, and have identified aeromedical evacuation requirements. In addition, the health care organizations were in the process of testing operational contingency plans and training personnel to ensure that they were aware of their responsibilities under the operational contingency plans. Once all ongoing actions are completed, the Executive Steering Committee, TRICARE Europe, will have assurance that the health care organizations in the European theater should be able to provide adequate health care in the year 2000.

Guidance

Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is responsible for evaluating and accrediting hospitals and other health care facilities in the United States and DoD MTFs worldwide. The JCAHO standards in the "Comprehensive Accreditation Manual for Hospitals: The Official Handbook," February 1998, are used to address a health care organization's level of performance in specific areas. As part of the JCAHO certification process, each facility is required to develop, maintain, and update a management plan that addresses emergency preparedness for manmade or natural disasters. The emergency preparedness plan should provide processes for:

- notifying personnel when emergency response measures are initiated;
- assigning available personnel in emergencies to cover all necessary staff positions;
- managing space, supplies, and security;
- evacuating the facility when it cannot support adequate patient care and establishing an alternative site; and

- managing patients during emergencies, including control of patient information, patient transportation, and scheduling, modifying, or discontinuing services.

In addition, emergency preparedness plans identify alternative sources of utilities, back-up communications systems, and alternative roles and responsibilities for personnel. Also, emergency preparedness plans establish a training program for personnel and require ongoing monitoring of performance. However, emergency preparedness plans prepared in accordance with JCAHO guidelines do not specifically address potential Y2K disruptions. DoD requires that all organizations prepare operational contingency plans specifically addressing actions to be performed should Y2K disruptions occur.

DoD Management Plan. The DoD Management Plan requires DoD organizations to prepare operational contingency plans identifying alternative systems or procedures to use when performing a mission or function in the event a primary system is disrupted because of Y2K-related problems. Operational contingency plans should document alternative systems and procedures that DoD organizations need in order to sustain minimum operational capabilities. In addition, operational contingency plans should establish, organize, and document risk assessments, responsibilities, policies, and procedures as well as document agreements with all internal and external entities. Also, operational contingency plans should include day-one strategies. Operational contingency plans should be tested and updated periodically to ensure that they remain current and valid. Personnel and contact phone numbers change and new information may change the outcome of the assessments. Key personnel with responsibilities under an operational contingency plans should be trained in the execution of the operational contingency plans and should review their responsibilities before each Y2K critical date rollover.

ASD(HA) Guidance. The ASD(HA) issued a memorandum, "Year 2000 Continuity of Operations Plans for OCONUS [outside the continental United States] Locations," September 20, 1999, requiring that operational contingency plans include an assessment of host nation health care. Specifically, the memorandum requires that each MTF outside the United States, in coordination with the base commander, the unified command senior medical officer, and the overseas lead agent, review and amend operational contingency plans to include assessments of host nation health care.

General Accounting Office Guidance. The General Accounting Office issued a guide, "Y2K Computing Challenge: Day One Planning and Operations Guide," October 1999, which recommends that organizations develop day-one strategies. Day-one strategies comprise those actions that must be executed during the last days of 1999 and the first few days of 2000 to reduce risks of potential Y2K-related failures. The guidance states that day-one strategies should be integrated with operational contingency plans and should describe key functions and responsibilities.

Preparing and Revising Operational Contingency Plans

Health care organizations we visited in the European theater were actively involved in preparing for the year 2000. When initially audited in August and September 1999, the health care organizations were in the process of preparing or revising operational contingency plans, completing assessments of the Y2K compliance status of host nation health care, and identifying additional aeromedical evacuation requirements. Since the time of the draft report, the health care organizations have continued to revise operational contingency plans to include the most up-to-date information available, have substantially completed their assessments of host nation health care, and have identified aeromedical evacuation requirements. We visited five MTFs and two organizations that support the peacetime medical mission in Europe. See Appendix C for a description of each health care organization visited.

U.S. Army Landstuhl Regional Medical Center, Germany, Operational Contingency Plan. The U.S. Army Landstuhl Regional Medical Center had an "Emergency Preparedness Plan," February 1, 1999, which was maintained as part of its JCAHO accreditation requirements. The Emergency Preparedness Plan details the emergency employment of Army and other resources to continue medical operations under emergency circumstances. In addition, Landstuhl Regional Medical Center had prepared a "Year 2000 Continuity of Operations Plan," version 1.3, September 1, 1999, which specifically addresses the hospital's missions and functions and the threats and risks to its operations. The operational contingency plan is Y2K specific and assesses risks of potential problems that could occur in clinics, functional areas, and wards as a result of date-sensitive operations on Y2K critical dates. In addition, the operational contingency plan includes day-one strategies. Those strategies were developed by planners in each clinic, functional area, and ward. In October 1999, Landstuhl Regional Medical Center modified its operational contingency plan to include the results of its assessment of German health care. Landstuhl Regional Medical Center coordinated with six nearby German civilian medical facilities, which provided certifications of Y2K compliance. Based on the results of that assessment, the Landstuhl Regional Medical Center Y2K Officer did not consider host nation support to be a high-risk area.

U.S. Army Health Clinic, Vicenza, Italy, Operational Contingency Plan. The U.S. Army Health Clinic, Vicenza (Army Clinic Vicenza), a subordinate organization of Landstuhl Regional Medical Center, had prepared a mass casualty, fatality incident plan for medical and emergency response services in March 1998. However, at the time of our visit in September 1999, the Army Clinic Vicenza had not prepared an operational contingency plan or identified any day-one strategies. In September 1999, the Army Clinic Vicenza received a copy of the Landstuhl Regional Medical Center operational contingency plan, which includes a separate appendix for outlying health clinics and host nation support. As of November 10, 1999, the Army Clinic Vicenza had completed customizing the Landstuhl Regional Medical Center operational contingency plan for local operations and conditions. In addition, the Army Clinic Vicenza was in the process of completing its assessment of local Italian health care. The liaison officer was coordinating with eight Italian hospitals to determine their Y2K compliance status in case medical services were required. The liaison

officer stated that the Vicenza City Hospital, which handled 90 percent of the clinic's inpatient admissions, had contracted for an independent assessment of its Y2K readiness. The contractor's report on Vicenza City Hospital was obtained on November 4, 1999, and was being translated and evaluated. The Army Clinic Vicenza will revise its operational contingency plan, if necessary, based on the results of the assessment.

U.S. Naval Hospital Naples, Italy, Operational Contingency Plan. U.S. Naval Hospital Naples (Naval Hospital Naples) had a "Disaster Preparedness Plan," January 28, 1998, which was maintained as part of its JCAHO accreditation requirements. In addition, Naval Hospital Naples had prepared a "Mass Casualty Plan," July 27, 1999. Also, in September 1999, Naval Hospital Naples prepared a draft operational contingency plan, but it was still being developed. The operational contingency plan focuses primarily on day-one strategies and specifies staffing levels beginning December 31, 1999, in anticipation of breakdowns resulting from Y2K problems. The operational contingency plan schedules key personnel to assess, correct, monitor, and report on Y2K problems as they occurred. However, improvements were needed. Specifically, threats and risks were not identified and assessed for priority in case of Y2K disruptions. In response to a draft of this report, Naval Hospital Naples revised its operational contingency plan to include the identification and prioritization of threats and risks. Naval Hospital Naples had completed its assessment of local Italian health care. Naval Hospital Naples uses Italian health care providers for non-invasive medical procedures and medical emergencies until patients can be stabilized and moved to a DoD MTF. Naval Hospital Naples received verbal assurances of Y2K compliance.

31st Medical Group, Aviano Air Base, Italy, Operational Contingency Plan. The 31st Medical Group had a "Medical Contingency Response Plan," December 31, 1998, revised in September 1999, which was maintained as part of its JCAHO accreditation requirements. The plan details the emergency employment of Air Force resources to continue medical operations during peacetime disasters and wartime contingencies. In addition, as of August 30, 1999, the 31st Medical Group had incorporated its Medical Contingency Response Plan into its operational contingency plan, which is an annex to the 31st Fighter Wing operational contingency plan. The operational contingency plan adequately addresses the 31st Medical Group's missions and functions and the threats and risks to its operations. As of November 17, 1999, the 31st Medical Group had completed its day-one strategies. In September 1999, the 31st Medical Group completed its assessment of Northern Italian health care and modified its operational contingency plan to include the results of that assessment. The 31st Medical Group refers patients to three primary Italian civilian hospitals for emergency services and specialty care. The 31st Medical Group contacted all three hospitals and was confident that those hospitals were working Y2K issues. The 31st Medical Group determined that Italian health care was not a high-risk area.

48th Medical Group, Royal Air Force Lakenheath, United Kingdom, Operational Contingency Plan. The 48th Medical Group had a "Medical Contingency Response Plan," December 31, 1998, which was maintained as part of its JCAHO accreditation requirements. The plan details the emergency employment of Air Force resources to continue medical operations during

peacetime disasters and wartime contingencies. In addition, the 48th Medical Group prepared a "Year 2000 Continuity of Operations Plan," July 1, 1999, incorporating its Medical Contingency Response Plan, which adequately addresses the 48th Medical Group's missions and functions and the threats and risks to its operations. The 48th Medical Group was working on its day-one strategies. Also, the 48th Medical Group completed its assessment of local health care and modified its operational contingency plan in September 1999 to include the results of that assessment. The 48th Medical Group refers patients primarily to seven British civilian hospitals for emergency services and specialty care. The 48th Medical Group contacted all seven hospitals. The hospitals were working on Y2K issues; however, none were willing to provide certification that they were fully compliant because of legal concerns. The 48th Medical Group determined that British health care was not a high-risk area.

Theater Patient Movement Requirements Center, Ramstein Air Base, Germany, Operational Contingency Plan. The Theater Patient Movement Requirements Center (TPMRC) is not an MTF; therefore, it was not required to have an emergency preparedness plan for JCAHO accreditation. Although TPMRC did not have an emergency preparedness plan, the TPMRC operational contingency plan, as of August 24, 1999, adequately addresses TPMRC functions and mission based on actual aeromedical evacuation data from prior years. The operational contingency plan includes day-one strategies and manual procedures to be used if automated information systems failed. TPMRC, in coordination with TRICARE Europe, requested, received, and validated estimated patient demand requirements from all of the major Components. Based on MTF perceived demand, it is anticipated that the aeromedical evacuation system will be able to accommodate the estimated patient requirements anticipated as a result of the Y2K date transition; however, TPMRC should continue to review and update its operational contingency plan as requirements dictate.

U.S. Army Medical Materiel Center, Europe, Pirmasens, Germany, Operational Contingency Plan. The U.S. Army Medical Materiel Center, Europe (USAMMCE), is not an MTF; therefore, it was not required to have an emergency preparedness plan for JCAHO accreditation. Although USAMMCE did not have an emergency preparedness plan, the USAMMCE operational contingency plan, September 7, 1999, and revised operational contingency plan, October 12, 1999, adequately address the USAMMCE medical logistics support mission and threats and risks to the mission. Both operational contingency plans also include day-one strategies. In addition, USAMMCE had acquired, received, and tested equipment required to implement the operational contingency plans, such as generators, space heaters, and cell telephones.

Overall, the health care organizations in the European theater were taking action to prepare for the year 2000. They had emergency preparedness plans as part of their JCAHO accreditation requirements that they used when preparing and revising operational contingency plans. They were in the process of completing assessments of host nation health care, determining additional aeromedical evacuation requirements, and revising operational contingency plans to incorporate that information. As a result, their revised operational contingency plans may require additional testing and personnel may require additional

training on their responsibilities under the revised operational contingency plans to ensure that uninterrupted quality health care can be provided through the Y2K transition period.

Testing and Training

The health care organizations we visited in the European theater were still in the process of testing their operational contingency plans and training their personnel. The DoD Management Plan states that in order to assess the reliability of operational contingency plans, they must be validated to ensure alternatives are realistic and executable. Operational contingency plans are verified primarily through an exercise, a structured process to validate the information and procedures contained in the plan. The objectives of an exercise will vary according to the potential actions planned, but in general include verification that:

- contingency procedures are correct,
- contingency actions are executable,
- information in the operational contingency plan is current and accurate,
- all personnel understand their roles and can execute their responsibilities, and
- all personnel involved in execution and recovery are adequately trained.

Exercising the operational contingency plans should also involve identifying deficiencies. The DoD Management Plan specifies three types of exercises that can be used to verify the viability of operational contingency plans.

Tabletop Exercises. Tabletop exercises are structured discussions of all actions to be taken in response to an operational scenario. The exercises normally involve selecting a wide range of participants so that all users, support staff, and administrators are represented. Tabletop exercises provide the big picture with discussions encompassing the entire group. The exercises cause no interruption to an operating system and may be conducted at relatively low cost. Operational contingency plans should be updated to incorporate the lessons learned during tabletop exercises.

Procedure Verification Exercises. Procedure verification exercises are reviews of the operations in the operational contingency plan to verify that they support the recovery strategy. The exercises review personnel information, equipment, and procedures. Procedure verification exercises offer the benefit of conducting the exercise in a continuous fashion, using multiple teams if desired. The exercises provide minimal interruption to a system and may be performed at relatively low cost. However, they provide few training opportunities. When

combined with other elements of an exercise program, they will help ensure that operational contingency plans contain an accurate description of all processes and procedures, including personnel assignments.

Actual Operations Exercises. Actual operations exercises examine the full range of procedures to be followed when one or more primary systems are disrupted. The exercises offer the greatest opportunity to conduct training and raise the level of confidence in the operational contingency plan. Because shutting down a primary system and reestablishing the application at a back-up site may be involved, an actual operations exercise may be difficult to fund and schedule. Actual operations exercises provide the greatest degree of assurance that the contingent actions will work when required. They also provide an excellent training opportunity.

Following all types of exercises, the organization is expected to review exercise objectives to determine whether they were met, capture lessons learned, and make appropriate updates to operational contingency plans and other documents.

Landstuhl Regional Medical Center Testing and Training. The Landstuhl Regional Medical Center conducted a procedure verification exercise on version 1.3 of its operational contingency plan on September 6, 1999. Each clinic, functional area, and ward evaluated its performance on implementing the operational contingency plan. Problem areas identified were corrected and improvements were included in a revised operational contingency plan. Landstuhl Regional Medical Center stated that earlier versions of the operational contingency plan had been exercised, corrective action initiated, and improvements included in the current version of the operational contingency plan. In addition, managers identified training requirements in each area based on deficiencies noted during prior operational contingency plan exercises. The current version of the operational contingency plan included the status of some requirements by showing whether training was completed or identifying a date for completion. Version 1.4 of the operational contingency plan, due November 22, 1999, was expected to include the status of all operational contingency plan training requirements, either completed or planned. The Y2K Officer did not have any further testing scheduled, but indicated that additional testing may be performed if weaknesses were detected that indicated more testing was required.

Army Clinic Vicenza Testing and Training. The Army Clinic Vicenza participated in the Southern European Task Force-led "Lion Shake 2000" training exercise, November 2, 1999, to prepare for force protection/mass casualty incidents at the Vicenza military community. That exercise was conducted jointly with Italian authorities and tested Army Clinic Vicenza's emergency response measures. That exercise had Y2K implications because it tested emergency plans that might be used during Y2K contingencies. A preliminary training event for Lion Shake 2000 was held June 15 and 16, 1999. The after-action report, August 19, 1999, identified 24 issues that needed to be addressed before the start of Lion Shake 2000.

In response to a draft of this report, Army Clinic Vicenza identified training needs and planned to conduct training during November 1999.

Naval Hospital Naples Testing and Training. Naval Hospital Naples had not exercised its operational contingency plan. However, in August 1999, a 22-member surgical response team deployed to assist earthquake disaster victims in Turkey. The team functioned in adverse field conditions and without electricity because of a broken generator. The deployment provided actual medical and surgical operating experience that might be experienced should a Y2K disruption occur; therefore, satisfying surgical response team operational contingency plan exercise requirements. The deployment also provided valuable lessons learned and identified flaws in the surgical response team plan that was implemented in Turkey. Naval Hospital Naples stated it planned to test its operational contingency plan in November 1999.

In response to a draft of this report, Naval Hospital Naples identified training needs and will begin training in November 1999, starting with a tabletop exercise.

31st Medical Group Testing and Training. The 31st Medical Group participated in the 31st Fighter Wing basewide tabletop exercise on September 9, 1999. During the exercise, the 31st Fighter Wing stressed that the year 2000 should be treated like a potential natural disaster and the posture for the wing was to prepare procedurally for any kind of natural disaster, one of which may be failure of systems due to Y2K problems. Participants discussed ways to ensure communications with personnel in case of power and phone outages. The only medical issue specifically addressed was that patients with chronic illnesses should be able to pick up a 2- or 3-month supply of medicine before January 1, 2000.

The 31st Medical Group planned to include Y2K topics from the tabletop exercise in its monthly readiness training. The October 27, 1999, training was conducted with members of the medical control center[3] and focused on their Y2K responsibilities and on the day-one checklist. The November 1999 training will be provided to the entire 31st Medical Group on the precautions it plans on taking, anticipated difficulties, and the status of its geographically separated units. The December 1999 training will be provided on medical control center last-minute preparations, assignment of teams, staging of supplies, etc.

48th Medical Group Testing and Training. The 48th Medical Group had performed various types of testing on elements of its operational contingency plan.

48th Medical Group Tabletop Exercise. In May 1999, the 48th Medical Group performed a tabletop exercise of its four mission-critical medical systems.[4] During the exercise, personnel who could be responsible for implementing part of the operational contingency plan read through the procedures in the operational contingency plan and determined whether they could perform the procedures, if necessary. The tabletop exercise required the

[3]A medical control center manages resources and operations in support of a contingency. It monitors and manages the activities of a medical group and is the focal point for communication, information, and reporting.

[4]The four systems are Aerospace Information Management System, Composite Health Care System, Defense Blood Standard System, and Medical Logistics System.

participants to evaluate alternative methods and workarounds, criteria for returning to normal operations, notification procedures, and recovery procedures. The 48th Medical Group successfully completed the tabletop exercise of the four systems with only minor adjustments recommended for future operational contingency plan updates. The 48th Medical Group updated its operational contingency plan, incorporating most of the comments from the tabletop exercise.

48th Medical Group Exercise of Generators. On September 20, 1999, the 48th Medical Group participated in a basewide Y2K exercise to test back-up power generators. The exercise consisted of a simulated high voltage failure to the main hospital electrical system that lasted 5 hours and 45 minutes. As a result of the exercise, the 48th Medical Group noted some facility issues, such as the need for additional outlets, and submitted work requests to address the issues. The after-action report, October 5, 1999, concluded that the facility issues did not significantly impact the accomplishment of the mission.

Real-World Incident. The 48th Medical Group was involved in a real-world incident that triggered the activation of its Medical Contingency Response Plan. The 48th Medical Group responded to an incident potentially involving 100 patients, but, ultimately, resulted in only 14 patients. During the incident, the 48th Medical Group activated its medical control center, which activated disaster teams and prepared for a mass casualty situation. The after-action report on the incident, September 1, 1999, pointed out the need for clarification of roles and responsibilities during emergency situations and the need for improved communications procedures with the medical control center. Those observations were similar to what the 48th Medical Group might have observed during an actual operations exercise of its operational contingency plan. As a result, the 48th Medical Group was planning to include Y2K topics in its monthly readiness training. The monthly readiness training will be provided to all members of the disaster response team and the manpower team. The topics for the training scheduled for November 1999 include radio procedures, education of runners about locations of personnel and facilities, and procedures for reporting Y2K problems to the medical control center or emergency room. In addition, the 48th Medical Group planned to discuss the equipment needed during the Y2K transition period, such as charged radios, maps, and a recall roster.

TPMRC Testing and Training. The TPMRC conducted an actual operations exercise of its operational contingency plan using a communications disruption contingency scenario in September 1999. For the first two days of the exercise, TPMRC simulated that U.S. Central Command and MTFs in USEUCOM would be unable to electronically submit patient movement requests, requiring TPMRC to manually input the data into its two mission-critical systems.[5] On the third day, TPMRC simulated total failure of the two systems. TPMRC found that it was able to operate without its mission-critical systems and without requiring addition manpower. In addition, MTFs were able to find alternative ways to report patient requirements. As a result of the actual operations

[5]The two systems are the Defense Medical Regulating Information System and the Automated Patient Evacuation System.

exercise, TPMRC determined that its personnel needed training on the use of satellite communications. TPMRC conducted the training on October 14, 1999.

USAMMCE Testing and Training. The USAMMCE was planning to exercise its operational contingency plan during November 1999. USAMMCE successfully tested the Theater Army Medical Management Information System, November 2 through 5, 1999, simulating the conditions it expects to encounter when the live system date change occurs on January 1, 2000. USAMMCE exercised manual processing of materiel release orders. That exercise was also refresher training for manually processing materiel release orders, which had been done routinely on weekends until the summer of 1999. Before June 1999, personnel processed orders manually on the weekend because the automated information system was not turned on. In addition, USAMMCE tested the generators that it acquired to implement its operational contingency plan to ensure functionality, in case they were needed on January 1, 2000. Also, testing of cell telephone communications for key personnel was scheduled to be held before November 26, 1999.

Testing operational contingency plans before January 1, 2000, is crucial to ensuring readiness. Testing compensates for changes, such as personnel rotations and operational contingency plan revisions, that could impact implementation and coordination on January 1, 2000. It is prudent to continue exercising operational contingency plans for weaknesses in communications and coordination. As testing of operational contingency plans result in revisions of operational contingency plans, personnel need to be adequately trained on the revised operational contingency plans to remain up-to-date on their responsibilities under the operational contingency plans.

Conclusion

Overall, the health care organizations in the European theater were proactively preparing for the year 2000. Operational contingency plans were being prepared or revised to include the most up-to-date information available. As a result of audit work performed in the United States and Europe, the ASD(HA) issued a memorandum, "Military Health System Actions in Preparation for the Year 2000 Transition," October 15, 1999, to the Surgeons General of the Military Departments. The memorandum stressed that MTFs needed to ensure staff readiness to implement operational contingency plans and recommended that MTFs use the remainder of 1999 to test operational contingency plans and train personnel. Continued testing of and training to implement operational contingency plans will reduce the adverse impact of personnel rotations on implementation and coordination on January 1, 2000. Real-world medical incidents, such as the surgical response team deployment to assist earthquake victims in Turkey, provide valuable training and an opportunity to incorporate lessons learned into operational contingency plan revisions. Continued evaluation of operational contingency plans will provide added confidence that DoD will be able to maintain quality health care through the Y2K transition period.

Recommendations and Management Comments

1. We recommend that the Chairman, Executive Steering Committee, TRICARE Europe:

a. Assess whether health care organization operational contingency plans have been adequately tested.

b. Determine whether health care organizations have completed or scheduled training that is sufficient to ensure that personnel are adequately trained to implement the operational contingency plans.

TRICARE Europe Comments. TRICARE Europe concurred, stating that, at the December 1999 meeting of the Executive Steering Committee, each of the Service Component members will be required to report on the results of testing performed on their operational contingency plans and on their efforts to ensure that personnel have been adequately trained on their responsibilities during the Y2K transition period. In addition, the DoD health care community in the TRICARE Europe area of responsibility formed a Y2K workgroup. The workgroup was tasked to develop a consistent methodology for assessing the Y2K preparedness of the host nation medical facilities used by beneficiaries in the TRICARE Europe area of responsibility.

2. We recommend that the Commander, U.S. Army Europe Regional Medical Command, ensure that the U.S. Army Health Clinic Vicenza:

a. Completes its operational contingency plan.

b. Identifies and conducts training needed to implement its operational contingency plan.

U.S. Army Europe Regional Medical Command Comments. The U.S. Army Europe Regional Medical Command concurred, stating that Army Clinic Vicenza customized the Landstuhl Regional Medical Center operational contingency plan for local operations and conditions and planned to test the revised operational contingency plan and train personnel by the end of November 1999. In addition, the Army Clinic Vicenza received the contractor assessment of Vicenza City Hospital on November 4, 1999, and was in the process of translating and evaluating it. Based on the results of that assessment, the Army Clinic Vicenza will revise its operational contingency plan, if necessary.

3. We recommend that the Fleet Medical Officer, U.S. Naval Forces Europe, ensure that the U.S. Naval Hospital Naples:

a. Revises its operational contingency plan to identify and prioritize threats and risks of potential year 2000 disruptions to its ability to provide health care.

b. Identifies and conducts training needed to implement its operational contingency plan.

U.S. Naval Forces Europe Comments. The U.S. Naval Forces Europe concurred, stating that implementation of recommended actions has begun. It revised operational contingency plans and training will begin with a tabletop exercise in November 1999. In addition, U.S. Naval Hospital Naples has engaged in weekly discussions with the Navy Bureau of Medicine and Surgery Y2K Contingency Office to review Y2K contingency preparedness.

4. We recommend that the Command Surgeon, U.S. Air Forces in Europe, ensure that:

a. The Theater Patient Movement Requirements Center continues to review and update its operational contingency plan as requirements dictate.

b. The 31st Medical Group completes its monthly readiness training on the year 2000 for November and December 1999.

c. The 48th Medical Group completes its monthly readiness training on the year 2000 for November 1999.

U.S. Air Forces in Europe Comments. The U.S. Air Forces in Europe concurred.

5. We recommend that the Commander, U.S. Army Medical Materiel Center, Europe, ensure that equipment needed to implement its operational contingency plan is acquired and pre-positioned prior to January 1, 2000.

USAMMCE Comments. The USAMMCE concurred, stating that the equipment needed to implement its operational contingency plan had been acquired, delivered, and tested. In addition, the Theater Army Management Information System was tested successfully.

Appendix A. Audit Process

This report is one in a series being issued by the Inspector General, DoD, in accordance with an informal partnership with the Chief Information Officer, DoD, to monitor DoD efforts to address the Y2K computing challenge. For a listing of audit projects addressing the issue, see the Y2K web pages on IGnet at http://www.ignet.gov/.

Scope

Work Performed. We reviewed and evaluated whether health care organizations in the European theater had adequately prepared operational contingency plans for their medical support functions. We reviewed and evaluated DoD, General Accounting Office, and JCAHO directives, guidance, policies, and processes related to aeromedical evacuation requirements, operational contingency plan preparation and validation, day-one strategies, and hospital certification requirements; host nation support assessments; letters from local utility providers; and manufacturer compliance letters for biomedical devices. Material reviewed was dated from January 1998 through October 1999. In addition, we reviewed and evaluated operational contingency plans and emergency preparedness plans dated from March 1998 through October 1999. We judgmentally selected five MTFs in the European theater, including a medical center, a community hospital, and a clinic. The five MTFs were in Germany, Italy, and the United Kingdom.

Limitations to Audit Scope. During the audit, we did not validate the Y2K compliance of automated information systems, biomedical devices, facilities infrastructure, or host nation support. We relied on the health care organizations to provide accurate information.

DoD-Wide Corporate-Level Goals. In response to the Government Performance and Results Act, DoD established 2 DoD-wide corporate-level goals and 7 subordinate performance goals. This report pertains to achievement of the following goal and subordinate performance goal.

> **Goal 2:** Prepare now for an uncertain future by pursuing a focused modernization effort that maintains U.S. qualitative superiority in key warfighting capabilities. Transform the force by exploiting the Revolution in Military Affairs, and reengineer the Department to achieve a 21st century infrastructure. **Performance Goal 2.2:** Transform U.S. Military forces for the future. **(00-DoD-2.2)**

DoD Functional Area Reform Goals. Most major DoD functional areas have also established performance improvement reform objectives and goals. This report pertains to achievement of the following functional area objectives and goals:

- **Health Care Functional Area. Objective:** Ensure joint medical readiness capabilities. **Goal:** Provide operational forces a continually ready, well trained, and well equipped medical force. **(MHS-1.1)**

- **Health Care Functional Area. Objective:** Ensure joint medical readiness capabilities. **Goal:** Ensure doctrinally sound, operationally integrated, joint medical force capable of successfully meeting health service demands throughout continuum of military operations. **(MHS-1.2)**

- **Information Technology Management Functional Area. Objective:** Become a mission partner. **Goal:** Serve mission information users as customers. **(ITM-1.2)**

- **Information Technology Management Functional Area. Objective:** Provide services that satisfy customer information needs. **Goal:** Modernize and integrate DoD information infrastructure. **(ITM-2.2)**

- **Information Technology Management Functional Area. Objective:** Provide services that satisfy customer information needs. **Goal:** Upgrade technology base. **(ITM-2.3)**

High-Risk Area. In its identification of risk areas, the General Accounting Office has specifically designated risk in resolution of the Y2K problem as high. This report provides coverage of that problem.

Methodology

During the audit, we evaluated the ability of health care organizations in the European theater to respond to patient needs during the year 2000. We focused our review on the creation, revision, testing of, and training on operational contingency plans. We reviewed operational contingency plans to determine whether the health care organizations were adequately planning for possible Y2K disruptions that could impede the delivery of health care to patients. We interviewed personnel from the USEUCOM Y2K Task Force; the Executive Steering Committee, TRICARE Europe; and the health care organizations listed in Appendix C to determine the extent of planning done for the year 2000. We did not use computer-processed data to perform this audit.

Audit Type, Dates, and Standards. We performed this program audit from August through November 1999 in accordance with auditing standards issued by the Comptroller General of the United States, as implemented by the Inspector General, DoD.

Contacts During the Audit. We visited or contacted individuals and organizations within DoD. Further details are available on request.

Management Control Program. We did not review the management control program related to the overall audit objective because DoD recognized the Y2K issue as a material management control weakness area in the FY 1998 Annual Statement of Assurance.

Appendix B. Summary of Prior Coverage

The General Accounting Office and the Inspector General, DoD, have conducted multiple reviews related to Y2K issues. General Accounting Office reports can be accessed over the Internet at http://www.gao.gov. Inspector General, DoD, reports can be accessed over the Internet at http://www.dodig.osd.mil. The following previous reports are of particular relevance to the subject matter in this report.

Inspector General, DoD

Report No. D-2000-031, "Year 2000 End-to-End Tests for the Military Health System," November 5, 1999.

Report No. 00-004, "U.S. European Command Year 2000 Operational Readiness," October 8, 1999.

Report No. 99-255, "Year 2000-Sensitive Property Reutilized, Transferred, Donated, or Sold," September 15, 1999.

Report No. 99-196, "Year 2000 Computing Issues Related to Health Care in DoD - Phase II," June 29, 1999.

Report No. 99-145, "Year 2000 Issues Within U.S. European Command and Its Service Components," April 30, 1999.

Report No. 99-122, "Year 2000 Readiness Reporting," April 2, 1999.

Report No. 99-055, "Year 2000 Computing Issues Related to Health Care in DoD," December 15, 1998.

Appendix C. Health Care Organizations Visited

Within the European theater, there are 48 MTFs in eight countries available to treat eligible personnel. We visited five MTFs in three countries and two other DoD health care organizations that support the medical mission in Europe.

Army Health Care Organizations

Landstuhl Regional Medical Center. Landstuhl Regional Medical Center is just outside of Ramstein Air Base, Germany. The center is a 149-bed facility that serves a catchment area* of 51,871 beneficiaries. The Landstuhl Regional Medical Center specialties include audiology, cardiology, neurosurgery, optometry, orthopedics, pediatrics, reconstructive surgery, and speech pathology. Landstuhl Regional Medical Center supports five clinics in Germany, two clinics in Italy, and two clinics in Belgium.

Army Clinic Vicenza. The Army Clinic Vicenza is located in Vicenza, Italy. It does not have any beds and is not an overnight facility. The Army Clinic Vicenza serves a catchment area of 8,500 beneficiaries. The clinic performs minor outpatient surgery and provides a variety of services, including immunizations, laboratory, orthopedics, pediatrics, prenatal and postnatal care, psychiatry, and radiology. The clinic is generally 2 hours, by car, from the 31st Medical Group, and it uses the 31st Medical Group facilities for elective surgeries. The Vicenza Hospital, a host nation facility, is capable of providing emergency services and is generally 7 minutes away by car. The Vicenza Hospital has 1,350 beds and more than 50 medical and surgical specialties.

USAMMCE. USAMMCE is located in Pirmasens, Germany. USAMMCE is responsible for providing medical logistics support to 350 DoD and Department of State customers throughout Europe, Africa, and the Middle East. Its missions include acquisition, storage, and distribution of medical materiel; assembly, disassembly, and reconstitution of health-related kits, outfits, and sets; medical logistics assistance and training; medical maintenance; and optical fabrication. USAMMCE is not a direct health care provider and no critical life support is provided to patients.

Navy Health Care Organization

Naval Hospital Naples is a family practice community hospital located in Naples, Italy. The hospital serves a catchment area of 12,000 beneficiaries. The hospital has a bed capacity of 26 that is expandable to 35 beds under an extremely heavy patient load. The hospital provides a variety of services, including audiology, clinical psychology, general surgery, gynecology,

*The specific geographic area that an MTF serves.

obstetrics, occupational health, ophthalmology, optometry, orthopedic surgery, pediatrics, psychiatry, and radiology. Naval Hospital Naples supports two clinics in Southern Italy and one clinic in Sardinia, Italy.

Air Force Health Care Organizations

31st Medical Group. The 31st Medical Group runs a clinic at Aviano Air Base, Italy and occupies two floors of a host nation hospital in Sacile, Italy. The Sacile Hospital is 25 minutes from the air base by car. The DoD portion of the Sacile Hospital has eight beds. The clinic and hospital serve a catchment area of 9,300 beneficiaries. The 31st Medical Group provides a variety of services, including general surgery, gynecology, orthopedics, pediatrics, and radiology. The Italian hospitals at Sacile, Pordenone, and Udine can provide emergency services if needed. The 31st Medical Group supports four geographically separated units: one in Italy, two in Greece, and one in Spain.

48th Medical Group. The 48th Medical Group runs the hospital at Royal Air Force Lakenheath, United Kingdom. The hospital is a 40-bed facility that serves a catchment area of 24,499 beneficiaries. The bed capacity can be expanded to 150 beds under an extremely heavy patient load. The hospital provides a variety of services, including alcohol rehabilitation, audiology, dental care, dermatology, emergency care, general surgery, orthopedics, and radiology. The 48th Medical Group supports six geographically separated units in the United Kingdom and one geographically separated unit in Norway.

TPMRC. TPMRC is responsible for regulating the movement of patients within the TRICARE Europe area of responsibility. Specifically, TPMRC matches patient needs with MTF capabilities and coordinates patient movement requirements by the most appropriate and efficient means of transportation. When a patient is transported by aeromedical evacuation aircraft, the 75th Airlift Squadron provides the aircraft and air crew and the 86th Aeromedical Evacuation Squadron provides the medical crew. However, depending on the needs of the patient and the availability of an aeromedical evacuation aircraft, TPMRC can direct movement of patients by any available military aircraft, chartered aircraft, or commercial aircraft.

Appendix D. Report Distribution

Office of the Secretary of Defense

Under Secretary of Defense for Acquisition, Technology, and Logistics
  Director, Defense Logistics Studies Information Exchange
Under Secretary of Defense for Policy
Under Secretary of Defense (Comptroller)
  Deputy Chief Financial Officer
  Deputy Comptroller (Program/Budget)
Under Secretary of Defense for Personnel and Readiness
Assistant Secretary of Defense (Command, Control, Communications, and Intelligence)
  Deputy Assistant Secretary of Defense (Command, Control, Communications, and Intelligence, Surveillance, Reconnaissance, and Space)
  Deputy Chief Information Officer and Deputy Assistant Secretary of Defense (Chief Information Officer Policy and Implementation)
    Principal Director for Year 2000
Assistant Secretary of Defense (Health Affairs)
  Chairman, Executive Steering Committee, TRICARE Europe

Joint Staff

Director, Joint Staff

Department of the Army

Chief Information Officer, Army
Commanding General, U.S. Army, Europe, and Seventh Army
Commander, U.S. Army Europe Regional Medical Command
Inspector General, Department of the Army
Auditor General, Department of the Army
Commander, U.S. Army Medical Materiel Center, Europe

Department of the Navy

Assistant Secretary of the Navy (Manpower and Reserve Affairs)
Chief Information Officer, Navy
Commander in Chief, U.S. Naval Forces Europe
  Fleet Medical Officer, U.S. Naval Forces Europe
Naval Inspector General
Auditor General, Department of the Navy
Inspector General, Marine Corps

Department of the Air Force

Assistant Secretary of the Air Force (Financial Management and Comptroller)
Chief Information Officer, Air Force

Department of the Air Force (cont'd)

Command Surgeon, U.S. Air Forces in Europe
Inspector General, Department of Air Force
Auditor General, Department of the Air Force

Unified Commands

Commander in Chief, U.S. European Command
  Command Surgeon, U.S. European Command
Commander in Chief, U.S. Pacific Command
Commander in Chief, U.S. Joint Forces Command
Commander in Chief, U.S. Southern Command
Commander in Chief, U.S. Central Command
Commander in Chief, U.S. Space Command
Commander in Chief, U.S. Special Operations Command
Commander in Chief, U.S. Transportation Command
Commander in Chief, U.S. Strategic Command

Other Defense Organizations

Director, Defense Contract Audit Agency
Director, Defense Information Systems Agency
  Inspector General, Defense Information Systems Agency
  Chief Information Officer, Defense Information Systems Agency
  United Kingdom Liaison Officer, Defense Information Systems Agency
Director, Defense Logistics Agency
Director, National Security Agency
  Inspector General, National Security Agency
Inspector General, Defense Intelligence Agency
Inspector General, National Imagery and Mapping Agency
Inspector General, National Reconnaissance Office

Non-Defense Federal Organizations and Individuals

Office of Management and Budget
  Office of Information and Regulatory Affairs
General Accounting Office
  National Security and International Affairs Division
    Technical Information Center
  Accounting and Information Management Division
    Director, Defense Information and Financial Management Systems

Congressional Committees and Subcommittees, Chairman and Ranking Minority Member

Senate Committee on Appropriations
Senate Subcommittee on Defense, Committee on Appropriations

Congressional Committees and Subcommittees, Chairman and Ranking Minority Member (cont'd)

Senate Committee on Armed Services
Senate Committee on Governmental Affairs
Senate Special Committee on the Year 2000 Technology Problem
House Committee on Appropriations
House Subcommittee on Defense, Committee on Appropriations
House Committee on Armed Services
House Committee on Government Reform
House Subcommittee on Government Management, Information, and Technology, Committee on Government Reform
House Subcommittee on National Security, Veterans Affairs, and International Relations, Committee on Government Reform
House Subcommittee on Technology, Committee on Science

TRICARE Europe Comments

DEPARTMENT OF DEFENSE
TRICARE EUROPE
UNIT 10310
APO AE 09136

MEMORANDUM FOR OFFICE OF THE INSPECTOR GENERAL,
DEPARTMENT OF DEFENSE

SUBJECT Comments on Year 2000 Operational Contingency Planning for Health Care in the European Theater, Project No. 8LG-5039 03 dated Nov 1, 1999

1 I have reviewed the subject draft report and agree with the overall findings and recommendations noted. There are a few clarifications that I would make. These can be found at attachment (1).

2 Under the leadership of the TRICARE Europe Office, the DoD health care community in the TRICARE Europe AOR formed a Y2K workgroup. This workgroup was charged with the development of a consistent methodology for assessing the Y2K preparedness of the host nation medical facilities used by the beneficiaries in the TRICARE Europe AOR. I have copied your office on the findings from this workgroup's endeavors under separate correspondence

3 With regards to the recommendations in the subject draft report, this will be an agenda item on the Executive Steering Committee's December Meeting Agenda At that time, I will request that each of the Services report on the results of the testing of their MTFs' Operational Contingency Plans for Y2K, as well as their efforts to ensure adequate training of all personnel in their responsibilities during the Y2K critical time period.

4 I am confident the MTFs in the TRICARE Europe AOR will be effective in addressing any health care delivery problem that may arise as a result of a Y2K issue. Please do not hesitate to contact my point of contact, CDR Cindy DiLorenzo, at 011 49 6302 67 6362 or by e-mail at cindy.dilorenzo@sembach.af.mil if you have any questions or require additional information

signed
MICHAEL J. KUSSMAN
BG, MC, USA
Lead Agent

Attachment

cc:
Command Surgeon, USEUCOM
Command Surgeon, USAREUR
Fleet Medical Officer, USNAVEUR
Command Surgeon, USAFE

Final Report
Reference

Clarification to the Year 2000 Operational Planning for Health Care in the European Theater, Project No. 8LG-5039.03 dated 1 Nov 1999

Revised

Executive Summary - page i and page 2 of the Report:
Please change paragraph 2 on both pages to reflect the following.
The TRICARE Europe Support Office was renamed in January 1999 to the TRICARE Europe Office, which more adequately reflects its mission.

Revised

Executive Summary - page i and page 2 of the Report:
Please change paragraph 2 on both pages to reflect the following
The Executive Steering Committee coordinates with the Command Surgeons from the U S Central Command, the U S Joint Forces Command, the Air Combat Command, and the U S Atlantic Command through the TRICARE Europe Office, not the European Command Surgeon's Office The members of the Executive Steering Committee rely heavily on the TRICARE Europe Office staff to ensure a tri service approach to the delivery of health care in the TRICARE Europe Area of Responsibility (AOR) The TRICARE Europe AOR is larger than the European theater, it encompasses the U S Central Command AOR, as well as the Azores and Iceland which fall under the U S Atlantic Command

Attachment 1

U.S. Army Europe Regional Medical Command Comments

DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY EUROPE REGIONAL MEDICAL COMMAND
CMR 443
APO AE 09042

REPLY TO ATTENTION OF:

MCEU

10 November 1999

MEMORANDUM FOR The Office of the Inspector General, Department of Defense, 400 Army Navy Drive, Arlington, VA 22202-2884

SUBJECT: Comments on the draft report Year 2000 Operational Contingency Planning for Health Care in the European Theater (8LG-5039.03) dated 1 Nov 1999

1 The Commander, US Army Material Medical Center Europe and I have reviewed the draft report. We agree with the report's overall conclusions and concur with recommendations two and five. Our specific comments to these two recommendations and a few narrative clarifications to the report are outlined in attachment (1).

2. We are confident that the recommended actions are either completed or very near completion. Furthermore, we are ensuring these lessons-learned are being incorporated throughout our commands

3. Our point of contract is Mr. John Mauern at DSN 371-3341.

Attachment

ROBERT C HARVEY
Colonel, MC
Acting Commander

CF:
Commander, USAMMCE
Commander, USAMRMC
Commander, USAMEDCOM
Command Surgeon, EUCOM
Commander, USAREUR

US Army Europe Regional Medical Command
and
US Army Medical Materiel Center Europe

COMMAND REPLIES
to
DODIG Draft Audit Report on Year 2000 Contingency Planning
for Health Care in the European Theater
Project Number 8LG-5039.03

Recommendation 2. We recommend that the Commander, Europe Regional Medical Command, ensure that the U.S. Army Health Clinic Vicenza:

a. Completes its operational contingency plan.

b. Identifies and conducts training needed to implement its operational contingency plan.

Action Taken. Concur. Vicenza Clinic customized their Y2K operational contingency plan (OCP) to local operations and conditions. Additionally Vicenza City Hospital, which provides 90% of the local host nation health care support, received their contractor's assessment of the hospital's Y2K preparedness. The written assessment was provided to Vicenza Clinic on 4 Nov 1999. Once this Y2K assessment has been translated and evaluated, Vicenza Clinic will revise their OCP as required. The revised OCP will be tested and personnel trained by 20 November 1999.

Recommendation 5. We recommend that the Commander, U.S. Army Medical Materiel Center, Europe, ensure that equipment needed to implement its operational contingency plan is acquired and pre-positioned prior to January 1, 2000.

Action Taken. Concur. The generators, space heaters, and cell telephones required to implement operational contingency plans were acquired, delivered, and tested. Also, the Theater Army Medical Management Information System was tested successfully. Cell phones will be pre-positioned and telephone communications for key personnel will be tested before November 26, 1999.

Final Report
Reference

US Army Europe Regional Medical Command
and
US Army Medical Materiel Center Europe

COMMAND REPLIES
to
DODIG Draft Audit Report on Year 2000 Contingency Planning
for Health Care in the European Theater
Project Number 8LG-5039.03

Additional Facts:

1) The proper name of the ERMC is the US Army ***Europe*** Regional Medical Command and the proper name of the LRMC is the Landstuhl Regional Medical Center. — Revised

2) LRMC has a medical center at Landstuhl, Germany and 9 outlying clinics. Five of the outlying clinics are located in Germany not seven. (Appendix C page 19) — Revised

3) The mass casualty exercise "Lion Shake 2000" was held on 2 November 1999. This large-scale training exercise with more than 125 "casualties" was conducted jointly with Italian authorities. The exercise severely tested Vicenza's emergency response measures and provided realistic training that will be valuable in preparing for potential Y2K incidents. (Army Clinic Vicenza Testing and Training, pages 9-10) — Revised

U.S. Naval Forces Europe Comments

DEPARTMENT OF THE NAVY
COMMANDER IN CHIEF
UNITED STATES NAVAL FORCES EUROPE
PSC 802
FPO AE 09499-0151

5200
012/U 1118

15 Nov 1999

From: Commander in Chief, U.S. Naval Forces, Europe
To: Inspector General, Department of Defense

Subj: RESPONSE TO DODIG DRAFT AUDIT REPORT NO. 8LG-5039.03

Ref: (a) YEAR 2000 OPERATIONAL CONTINGENCY PLANNING FOR HEALTH CARE IN THE EUROPEAN THEATER

1. Reference (a) requested that Fleet Medical Officer, U.S. Naval Forces, Europe (USNAVEUR) forward comments, no later than 16 Nov 1999, on the recommendations set forth in the draft report. Commander in Chief, U.S. Naval Forces, Europe (CINCUSNAVEUR) responds as follows:

a. Recommendation 3.: "We recommend that the Fleet Medical Officer, U.S. Naval Forces, Europe, ensure that the U.S. Naval Hospital, Naples:

a. Revises its operational contingency plan to identify and prioritize threats and risks of potential year 2000 disruptions to its ability to provide health care.

b. Identifies and conducts training needed to implement its contingency plan."

b. Comments: Concur. Implementation of recommended actions has begun. Operational contingency plans have been revised. Training efforts began will begin with a 16 Nov 99 Tabletop exercise. In addition, U.S. Naval Hospital, Naples, has engaged in weekly discussions (VTC's) with the Bureau of Medicine and Surgery Y2K Contingency Office to review and fine-tune Y2K contingency preparedness.

3. CINCUSNAVEUR POC's for this matter are as follows:

a. Technical issues: CAPT Tom Sizemore, Fleet Medical Officer, at DSN: 314-235-4774, and LCDR Dave Zilber, Y2K Project Officer, at DSN: 314-235-4523.

b. Co-ordination issues: Mr Ed Hanel, Deputy Fleet Inspector General, at DSN: 314-235-4188.

R.S. Dearth

R.S. DEARTH
Chief of Staff

Copy to: USEUCOM

U.S. Air Forces in Europe Comments

Final Report Reference

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCES IN EUROPE

MEMORANDUM FOR HQ USEUCOM/ECCM-F (LTCOL FITZGERALD) 8 Nov 99

FROM: HQ USAFE/FM
Unit 3050 Box 5
APO AE 09094-0505

SUBJECT: DoDIG Audit Report, Year 2000 Operational Contingency Planning for Health Care in the European Theater

1 HQ USAFE/SG has reviewed the draft DoDIG Audit Report, Year 2000 Operational Contingency Planning for Health Care in the European Theater HQ USAFE/SG concurs with the report and provides the following comments:

a. Refinements to draft audit wording are offered for clarification purposes. Specifically, recommend changing paragraph on the Theater Patient Movement Requirements Center on page 7 to read: Revised

"The Theater Patient Movement Requirements Center (TPMRC) is not an MTF; therefore, it was not required to have an emergency preparedness plan for JCAHO accreditation. Although TPMRC did not have an emergency preparedness plan, the TPMRC operational contingency plan, as of August 24, 1999, adequately addresses TPMRC functions and mission based on actual aeromedical evacuation data from prior years. The operational contingency plan includes day-one strategies and manual procedures to be used if automated information systems failed TPMRC, in coordination with TRICARE EUROPE, has requested, received and validated patient demand input from all of the major components. Based on MTF perceived demand, it is anticipated that the AE system will be able to accommodate the estimated patient requirements attributed to the Y2K rollover; however, TPMRC should continue to review and update the Operational Contingency Plan as requirements dictate "

b. Change the wording of recommendations found on page 13 to read: Page 14 Revised

"4. We recommend that the Command Surgeon, United States Air Forces in Europe, ensure that:

a The Theater Patient Movement Requirements Center continues to review and update its operational contingency plan as requirements dictate."

c. Correct the spelling of "Perdononne" to read "Pordenone" on page 20 under the 31st Medical Group paragraph. Revised

2. The HQ USAFE POCs for this subject are Capt Yaeger, HQ USAFE/SGSF, DSN 480-6977, and Maj Greenwald, HQ USAFE/FMFX, DSN 480-6850.

NEVA J. LYNDE, Colonel, USAF
Comptroller

Audit Team Members

The Readiness and Logistics Support Directorate, Office of the Assistant Inspector General for Auditing, DoD, prepared this report. Personnel of the Office of the Inspector General, DoD, who contributed to the report are listed below.

Shelton R. Young
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